

019-1-0-2 019-1-0

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STATE OF TEXAS  
CERTIFICATE OF DEATH

STATE FILE NO.

43155

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY <b>Bowie</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Texas</b> b. COUNTY <b>Bowie</b>	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) <b>Texarkana</b>		c. CITY (If outside corporate limits, write RURAL and give precinct no.) <b>Texarkana</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Texas Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>2106 West 15th, St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elias</b> b. (Middle) <b>L.</b> c. (Last) <b>Barnes</b>		4. DATE OF DEATH <b>August 26, 1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>October 14, 1870</b>
9. AGE YEARS MONTHS DAYS <b>87 10 12</b>		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	
11. BIRTHPLACE (State or foreign country) <b>Holiday, Tenn.</b>		12. FATHER'S NAME BIRTHPLACE <b>Oal Barnes Tenn.</b>	
13. MOTHER'S MAIDEN NAME BIRTHPLACE <b>Mary Ann Smothers Tenn.</b>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	
15. SOCIAL SECURITY NO.		16. INFORMANT'S SIGNATURE <i>Mrs. Dorothy Crowell - 922 W. Lawn Dr. Texarkana</i>	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascula Accident</b> INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Sclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
19. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		TEXAS DEPARTMENT OF HEALTH REC'D SEP 10 1958 BUREAU OF VITAL STATISTICS	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)	
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. HOW DID INJURY OCCUR?	
21. I hereby certify that I attended the deceased from <b>8/25/58</b> 19, to <b>8/26/58</b> 19, that I last saw the deceased alive on <b>8/25/58</b> , and that death occurred at <b>3:00</b> m., from the causes and on the date stated above.			
22a. SIGNATURE <i>Phillips</i>		22b. ADDRESS <i>Texarkana Tex</i>	22c. DATE SIGNED <b>8/29/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug. 27, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ashdown,</b>
23d. LOCATION (City, town, or county) (State) <b>Ashdown, Ark.</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Phillips Funeral Home</b>	
25a. REGISTRAR'S OFFICE NO. <b>175</b>	25b. DATE REC'D BY LOCAL REGISTRAR <b>9-2-58</b>	25c. REGISTRAR'S SIGNATURE <i>Mary Elizabeth Young</i>	